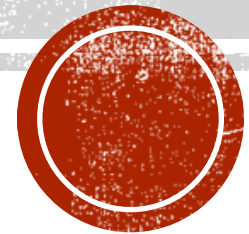


SO WHAT? TURNING DATA INTO INFORMATION

Boris Kalikstein

Pivotal Moment Consulting



EXERCISE

- Create an outcomes dashboard that is designed to drive quality improvement
- 3 metrics
 - DM2 A1C control
 - HTN control
 - Immunization rate



DISCUSSION

- How does this engage leadership?
- How does this engage frontline staff?
- Does it work in your current culture?
- Is it actionable?
 - Would someone know what do to by looking at it?



GOALS

- ✓ EMR
- ✓ Data
- ✓ Dashboard

SO WHAT?!



DATA VS. INFORMATION

A large orange triangle pointing upwards, containing the text "PARIS IN THE THE SPRING".

PARIS
IN THE
THE SPRING

A large orange triangle pointing upwards, containing the text "POP GOES THE THE WEASEL".

POP
GOES THE
THE WEASEL



DATA RICH BUT INFORMATION POOR

- Having an EMR and collecting data does not translate into action
- EMRs
 - Thousands of data points
 - Visually aggregates the data points on EMR screens
 - Providers and teams mentally evaluate the data to convert it into information that drives patient care



THE GOAL OF A DATA DRIVEN CULTURE

THE SAME THING --- MAKE A DIFFERENCE IN PATIENT LIVES

So why do I need data?

Why do I need information?



DATA DRIVEN OUTREACH

Sunday	Monday	Tuesday			
Week #1	Prenatal Chronic Pain Pap Mngt CM D	CM Dep BHP Dep Blue PR Dep			
Week #2	ADHD Cournadin Diabetes(half)	CM Dep BHP Dep Green PR Dep			
Week #3	Prenatal ADHD Missing Pap	CM Dep BHP Dep Red PR Dep			
Week #4	Cournadin Diabetes(half)	CM Dep BHP Dep Orange PR Dep			



DATA DRIVEN REGISTRY

High Risk

Last Name	First Name	DOB	Visit	BP Syst	BP Dias	Tobacco	Eye Exam	SM Goal	Foot Exam	LDL Date	LDL	A1c Date	Value
	Bonnie	1/1952	11/13/2008	122	80	Current	08/01/2007	11/13/08	05/15/2008	04/03/2008	59		

Group Visit No

11/13/2008	7.80
09/04/2008	8.00
07/17/2008	8.00

Angelica	1/1975	03/26/2009	115	69	Never		12/11/08	03/26/2009	02/15/2008	90			
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Group Visit Yes

03/26/2009	8.90
12/11/2008	9.50

Last Name	First Name	DOB	Visit	BP Syst	BP Dias	Tobacco	Eye Exam	SM Goal	Foot Exam	LDL Date	LDL	A1c Date	Value
Diabetes Planned Care Ruler			If more than six months, make appt. Otherwise, see BP, LDL & A1c rules	If above 130, appt every month	If above 80, appt every month	If current smoker, CM to review for Tobacco Cessation counseling	If not within one year, put on list for DM Eye Exam GV	If not within one year, CM to set goal with patient	If not within one year, make appt	If not within one year, make appt	If above 130, appt every month. If 100-130, appt every 3 months	If not within 3 months, make appt (6 months okay if last value less than 7.0)	If above 9, appt every month. If 7.0 - 9.0, appt every 3 months. If below 7.0, appt every 6 months

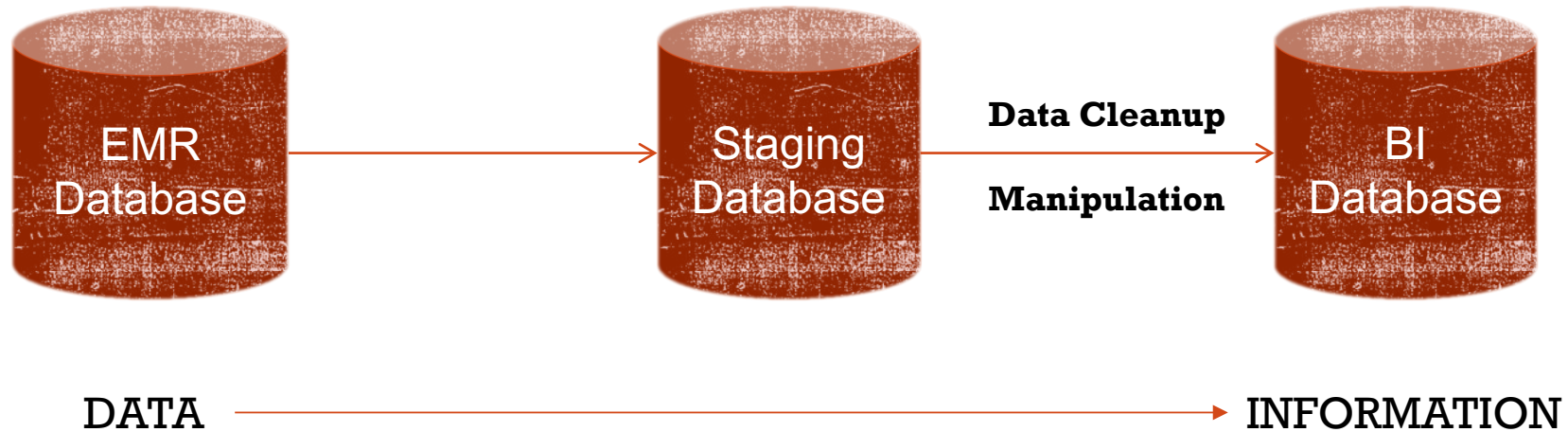
Angelica	1/1975	03/26/2009	115	69	Never		12/11/2008	1/30/09	10/16/2008	11/30/2008	75		
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TRANSFORMING DATA INTO INFORMATION

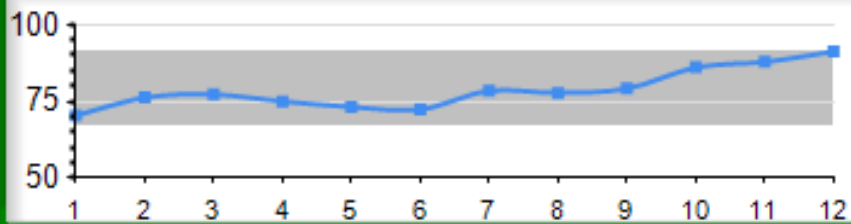


WAREHOUSING

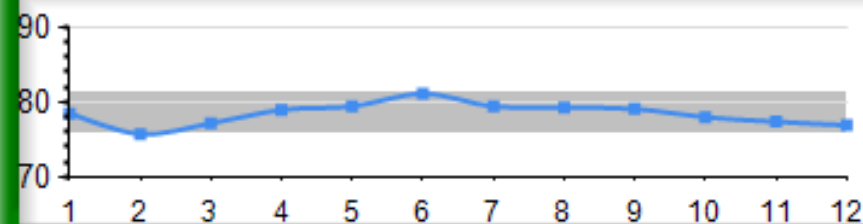


START WITH THE BIG PICTURE

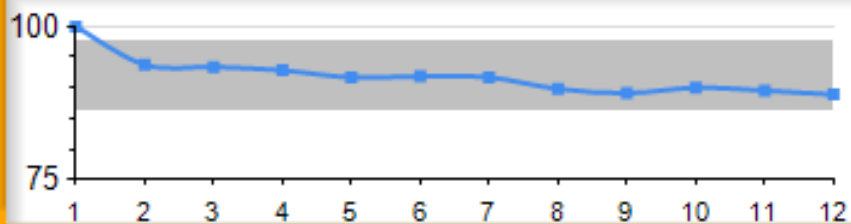
Asthma Goal: 91% [Green] Current 91.24%



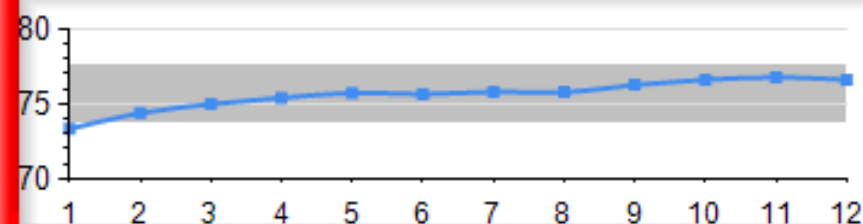
Hypertension Goal: 75% [Green] Current 76.90%



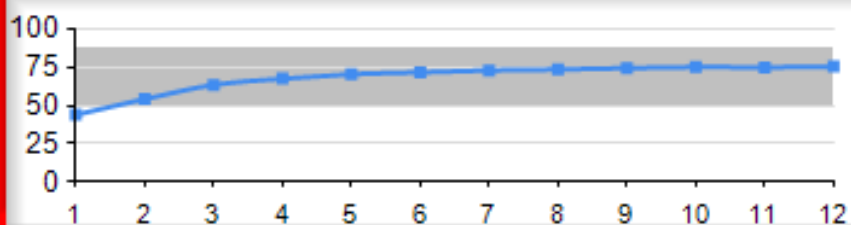
Immunization Goal: 89% [Yellow] Current 88.91%



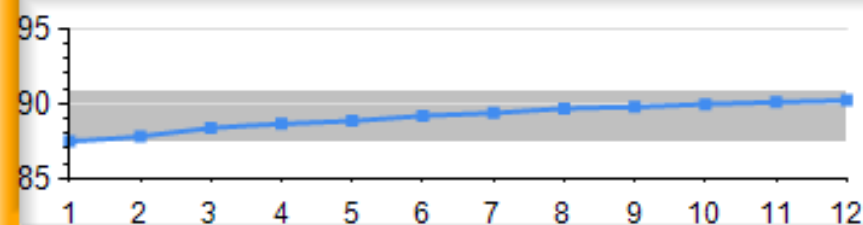
Cervical Cancer Screening Goal: 88% [Red] Current 76.60%



Diabetes Goal: 84% [Red] Current 75.29%



Tobacco Screening Goal: 95% [Yellow] Current 90.22%



Childhood Weight Mgmt Goal: 55% [Green] Current 55.35%

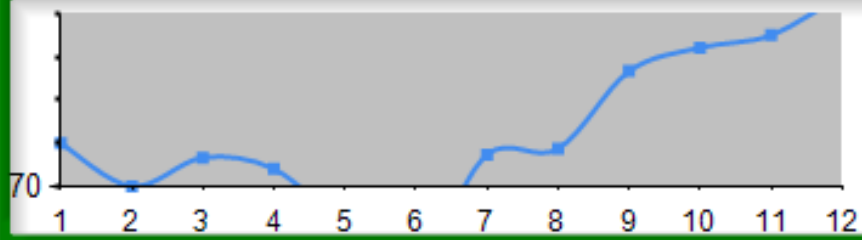


Adult Weight Mgmt Goal: 53% [Green] Current 53.51%

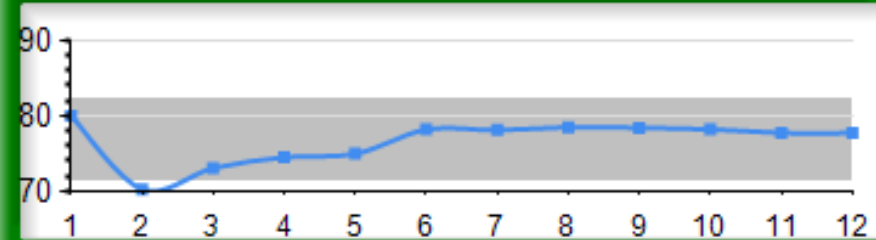


CASCADE THE MESSAGE

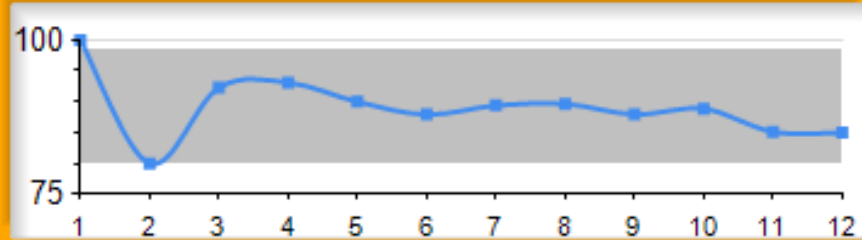
Asthma Goal: 91% [Green] Current 92.19%



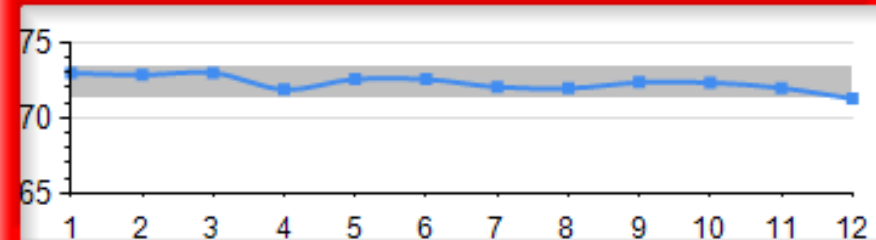
Hypertension Goal: 75% [Green] Current 77.71%



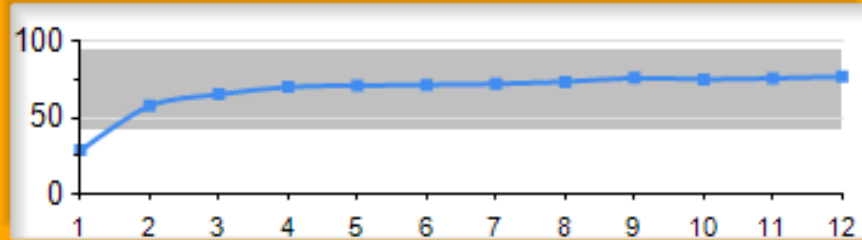
Immunization Goal: 89% [Yellow] Current 85.00%



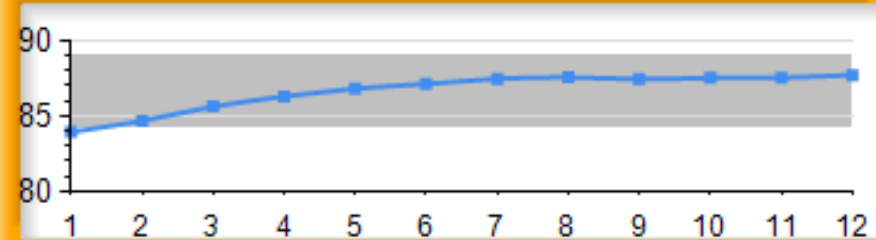
Cervical Cancer Screening Goal: 88% [Red] Current 71.26%



Diabetes Goal: 84% [Yellow] Current 76.58%



Tobacco Screening Goal: 95% [Yellow] Current 87.70%



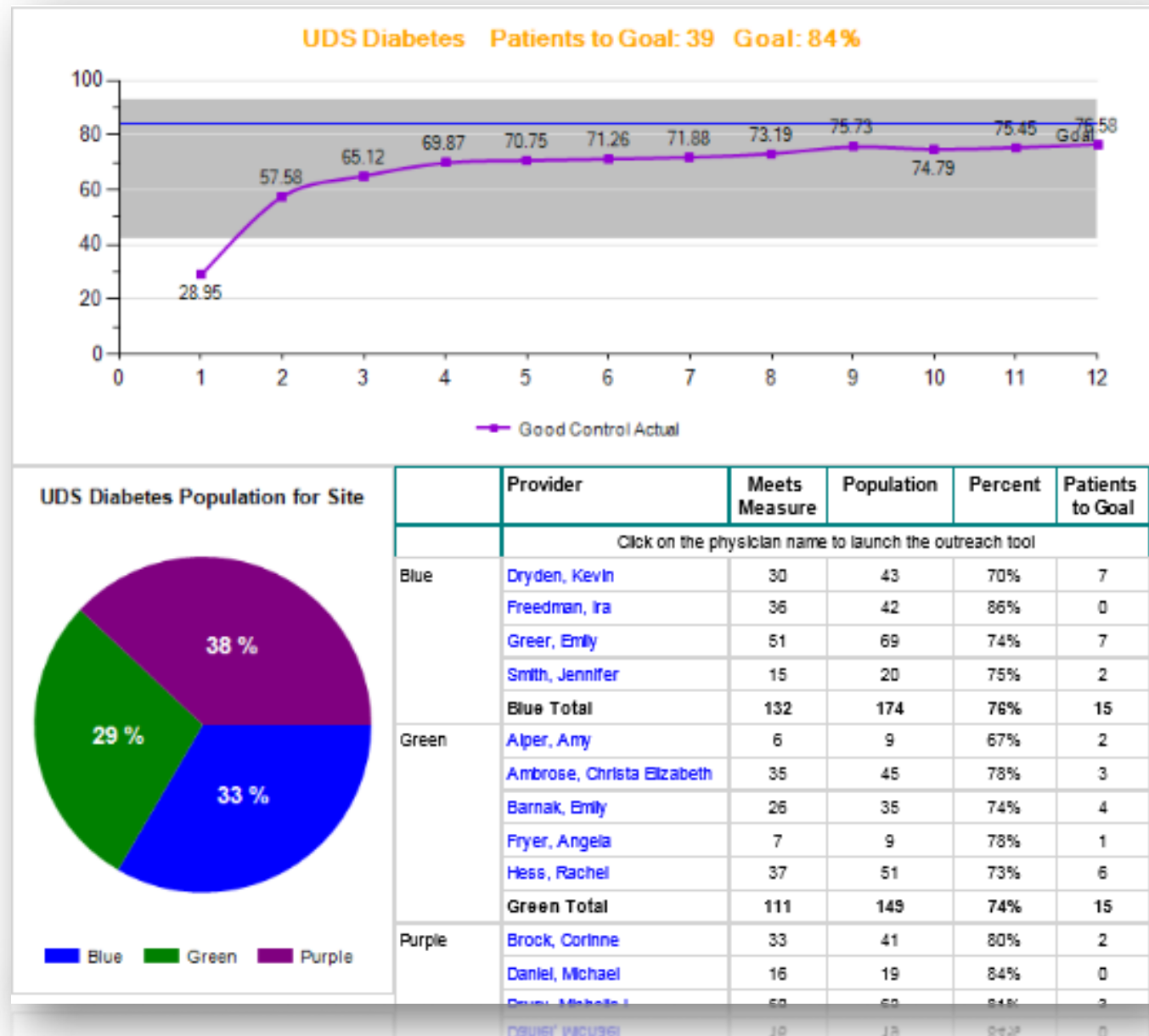
Childhood Weight Mgmt Goal: 55% [Yellow] Current 53.66%



Adult Weight Mgmt Goal: 53% [Green] Current 55.25%



MAKE IT MANAGEABLE



MAKE IT ACTIONABLE

Planned Care Registry Outreach

REPORT SPECIFICATIONS

SHOWING PATIENTS WITH DIABETES ALERT(S)

Total Patients: 55				
Person Nbr	Patient Details	Visits and Appointments	Outreach Details	Patient Care Alerts
Dryden, Kevin				
842791	DOB: Age: 49 Preferred Contact Method: Home Phone: Day Phone: Alternate Phone: Secondary Phone: Email: Cell Phone: Language:English ACO: N Medicaid Nbr: My CLINICA Connection Status: Enrolled OB Status: Groups:	PCP: Dryden, Kevin PDP: Missing PDP Hygienist: Last Visit: 11/18/2015 Dryden, K-DIA Last WCC: Payer: Medicaid FQHC Next appt: Last Dental Visit: Next Dental Visit:	Clinical Date Reviewed:12/17/2015 Comments: Lvm informing pt to RCTC and schedule apt for DM. IH Call Attempt:2nd Call Call Status:Left message Dental Date Reviewed: Comments: Call Attempt: Call Status:	Clinical Past Due - Diabetes Eye Exam Past Due - Diabetes Foot Exam Past Due - High Blood Pressure > = 140/90 (Diabetes,) Past Due - Last A1c > 9 on 11/18/2015 Past Due - LDL (Cholesterol) Lab Past Due - Tdap/TD Vaccine ACO Care Team Score is 3 Dental

CLOSE THE LOOP

Person Nbr	Patient Name	PCP/ Status	Phone Number	Age/ DOB	Gender	Last Visit	ACO		
842791		PCP: Dryden, Kevin Status: Active Payer: Medicaid FQHC Group Visits: My CLINICA Connection Status: Enrolled		49 Year(s)	M	11/18/2015 Dryden, K Last WCC: CarePlan Rvw:	X		
Alerts		Appts		Active Problem List					
Past Due - Diabetes Eye Exam Past Due - Diabetes Foot Exam Past Due - LDL (Cholesterol) Lab Past Due - Last A1c > 9 on 11/18/2015 Past Due - High Blood Pressure > = 140/90 (Diabetes,) Past Due - Immunizations (Past Due - Tdap/TD Vaccine,) ACO Care Team Score is 3				11/18/2015 - Alcohol-induced chronic pancreatitis 11/18/2015 - Continuous chronic alcoholism 06/17/2014 - Alcoholism - 303.90 06/17/2014 - Iron deficiency anemia - 280.9 06/17/2014 - Methamphetamine abuse - 305.70 06/17/2014 - Pancreatitis - 577.0 06/17/2012 - Diabetes type 2, uncontrolled - 250.02					
Active Medications									
Start Date	Stop Date	Prescribed Elsewhere	Brand Name	Generic Name	Dose	Instructions			
12/21/2015	12/20/2016		SURE COMFORT	PEN NEEDLE, DIABETIC	30 gauge X 5/16"	Inject 10 U of Levemir SQ HS			
12/21/2015	12/19/2016		TRUETRACK TEST STRIP	BLOOD SUGAR DIAGNOSTIC		use 1 Strip by In Vitro route 1 - 3 times every day as needed to monitor blood glucose			
12/21/2015	12/14/2016		THIN LANCETS	LANCETS		inject by Misc.(Non-Drug: Combo Route) route 1- 2 times every day for testing blood sugar.			
12/03/2015	05/29/2016		WAVESENSE PRESTO	BLOOD-GLUCOSE METER		take 1 by Injection route 3 times every day for 365 days Check blood sugar TID			
11/18/2015	11/11/2016		LEVEMIR FLEXTOUCH	INSULIN DETEMIR	100 unit/mL (3 mL)	inject 10 Unit by subcutaneous route every morning			
11/18/2015	11/11/2016		LISINOPRIL	LISINOPRIL	5 mg	take 1 tablet by oral route every day			
11/18/2015	11/11/2016		NOVOLOG FLEXPEN	INSULIN ASPART	100 unit/mL	inject by subcutaneous route per prescriber's instructions. Insulin dosing requires individualization.			
06/05/2015	06/19/2016		TRUETRACK BLOOD GLUCOSE SYSTEM	BLOOD-GLUCOSE METER		use 1 by Topical route every day for glucose monitoring			
Diabetes - High Risk									
Systolic	Diastolic	Eye Exam	Foot Exam	A1c (Last 3)					
140	80			11/18/2015 - 11.5 03/10/2015 - 14.6 08/14/2014 - 14.6					
Group Visit: No									
Open Referrals		Future Labs			Diagnostics				



WHAT ARE YOU THINKING RIGHT NOW?

- What are your barriers / challenges?
- What would help?
- What can you take away?
- What do you want to apply?



WHAT DOES IT TAKE?

NOT A BETTER EMR!

NOT IT STAFF!

-
- SQL developers / Analysts
 - Executive buy-in
 - Clinical leadership
 - Prioritization of where to start
 - Accountability
 - Iteration



QUESTIONS?

Boris Kalikstein | boris@pivotalmomentconsulting.com | 720.289.9542

Pivotal Moment Consulting
pivotalmomentconsulting.com

